

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | Smc      |        | 10/25/99 |
| O.I.P.E. CLASSIFIER |          | 48     | 10/27/99 |
| FORMALITY REVIEW    | XC       | 70217  | 11-3-99  |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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